

SECTION 3 PHARMACY CLAIM FILING INSTRUCTIONS

All pharmacy claims must be submitted electronically either through a clearinghouse, billing agent or the MO HealthNet Web site at www.emomed.com for billing and to maintain the business relationship with the MO HealthNet Division (MHD).

MEDICATION BILLING

The quantity to be billed for pharmacy items (e.g. birth control devices and systems) and injectable medications dispensed to MHD patients must be calculated as follows:

- Containers of medication in solution (for example, ampules, bags, bottles, vials, syringes) must be billed by the exact cubic centimeters or milliliters (cc or ml), even if the quantity includes a decimal (i.e., if three (3) 0.5 ml vials are dispensed, the correct quantity to bill would be 1.5 mls).
- Single dose syringes and single dose vials must be billed per cubic centimeters or milliliters (cc or ml), rather than per syringe or per vial.
- Powder filled vials and syringes that require reconstitution must be billed by the number of vials.
- The product Herceptin, by Genentech, must be billed by milligram (mg) rather than by vial.
- Immunizations and vaccines must be billed by the cubic centimeters or milliliters (cc or ml) dispensed, rather than per dose.

Claims billed incorrectly are identified through a dispute resolution process. When these claims are identified, providers are notified and required to file adjustments to accurately reflect the quantity dispensed.

Reimbursement for pharmacy items and injectable medications is made on the basis of the lower of the following:

1. Applicable Federal Upper Limit;
2. Applicable Missouri Maximum Allowable Cost (MAC);
3. Applicable Wholesaler Acquisition Cost (WAC), plus 10%; or,
4. Usual and customary charge.

For specific questions concerning pharmacy items and injectable medication billing, contact the Pharmacy and Clinical Services Administration Unit at (573) 751-6963.



State of Missouri MO HealthNet



Pharmacy Claim

If you are not , please logout

Logout

User:

Provider Identifier (NPI):

Taxonomy Code:

N/A

Patient Name (Last Name, First Name) *	Patient's ID *
<input type="text"/>	<input type="text"/>
Patient Location	Prior Authorization Type Code
0=Not specified	0=Not specified
Other Coverage Code	
0=Not specified	
Transaction Code*	Previous ICN
<input type="text"/>	<input type="text"/>
Prescription Number *	Prescribing Physician Provider Identifier Number *
<input type="text"/>	<input type="text"/>
Date Dispensed (mm/dd/yy) *	National Drug Code *
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Fill Number *	Compound Indicator
<input type="text"/>	<input type="text"/>
Metric Quantity (9999999.999) *	Days Supply *
<input type="text"/>	<input type="text"/>
Unit Dose Indicator	Total Charge *
0=Not Specified	\$ <input type="text"/>
Other Coverage Amount	Prior Authorization Number
\$ <input type="text"/>	<input type="text"/>

Claim Attachment Actions:
[\[Add/View Invoice Of Cost\]](#)

Continue...

Reset

[\[Home\]](#) [\[Help\]](#)

Electronic Pharmacy Claim Form Filing Instructions

NOTE: * These fields are required on all Pharmacy claim submissions.

** These fields are required only in specific situations, as described below.

<u>FIELD</u>	<u>INSTRUCTIONS FOR COMPLETION</u>
Patient's Last Name*	Enter the patient's full last name as shown on MO HealthNet ID card.
First Name*	Enter the first letter of the patient's first name as shown on the MO HealthNet ID card.
Patient's ID*	Enter the patient's eight digit MO HealthNet ID number as shown on the patient's ID card.
Patient Location** (NOTE: For pharmacy providers only .)	Code identifying the location of the patient when receiving pharmacy services. The valid values are: 0 Not Specified 1 Home 2 Inter-Care 3 Nursing Home 4 Long Term/Extended Care 5 Rest Home 6 Boarding Home 7 Skilled Nursing Facility 8 Sub Acute Care Facility 9 Acute Care Facility 10 Outpatient 11 Hospice
Prior Authorization Type** Code.	The valid values are: 0 Not Specified 1 Prior Authorization 2 Medical Certification 3 EPSDT 4 Exemption from Co-pay 5 Exemption from Prescription 6 Family Plan 7 AFDC 8 Payer Defined Exemption

FIELD**INSTRUCTIONS FOR COMPLETION**

Other Coverage Code**

Indicate whether the patient has a secondary health insurance plan. If so, choose the appropriate value. The valid values are:

- 0 Not Specified
- 1 No Other Coverage identified
- 2 Other Coverage Exists – Payment Collected
- 3 Other Coverage Exists – This Claim Not Covered
- 4 Other Coverage Exists – Payment Not Collected
- 5 Managed Care Plan Denial
- 6 Other Coverage Denied – Not a Participating Provider
- 7 Other Coverage Exists – Not in Effect at Time of Service
- 8 Claim is a billing for a co-pay

Transaction Code**

The valid values are:

B1 Billing - Original drug claim billing. The B1 transaction should be used only when billing a new claim or rebilling a **denied** claim. Do **not** use B1 to adjust a claim already paid. (See B3)

B2 Reversal - Drug claim reversal. The B2 transaction should be used to completely reverse or credit a claim already paid. Do **not** use B2 to reverse a claim that needs to be adjusted. (See B3) To use this transaction, first locate the claim you wish to credit/reverse on the corresponding RA to obtain information required for a reversal. This process will reverse/credit the entire claim.

B3 Rebill - Drug claim rebilling. The B3 transaction should be used when adjusting a claim that has paid. Simply select B3 and enter the corrected information on the claim along with the previous ICN. This process will both reverse the original claim and rebill the claim in one step. To use this transaction, first locate the claim you wish to adjust on the corresponding RA to obtain information required for rebilling the claim.

Previous ICN**

Enter the 13 digit ICN of the original claim submitted. The ICN for every claim is located on the corresponding RA. This information will be used for timely filing purposes.

FIELD**INSTRUCTIONS FOR COMPLETION**

Prescription Number*	Enter the number assigned by the physician's office or the clinic. Enter a seven-digit number in this field. To avoid problems with reversals and/or adjustments, providers must use a unique prescription number for each prescription billed on a pharmacy claim form when billing for multiple injections administered on the same date of service. If the billing provider chooses to use a patient account number, an additional unique number must be added to identify the different injections administered to the same patient on the same date of service (e.g. 100001, 100002). (NOTE: This number is used to sort claims on the remittance advice.)
Prescribing Physician's Provider Identifier Number/DEA Number	Enter the prescribing provider's National Provider Identifier. If the prescribing provider's number and the billing provider's number are the same, leave blank. If the prescribing provider is NOT a MO HealthNet provider, enter the prescribing provider's DEA number.
Date Dispensed*	Enter the date the drug was dispensed or administered in MM/DD/YY numeric format.
National Drug Code*	Enter the precise National Drug Code (NDC) assigned to the product dispensed or administered as it appears on the package. Always enter the entire number, separated, using the dotted lines to indicate where the hyphens appear, using the 5-4-2 format. If the drug code on the package is not in 5-4-2 format, enter zeroes in front of the numbers listed for each field. For example: NDC 45-143-20 is listed as 00045-0143-20. If the transaction code selected is B2, this field is optional
Fill Number*	The code indicating whether the prescription is an original or a refill. Enter a two-digit value. 00 = Original dispensing, 01-99 = Refill number
Compound Indicator**	If billing for a compound drug, the first ingredient of a compound must be billed with a compound indicator of "0". All other ingredients must be billed with a compound indicator of "2". Otherwise, leave blank.
Metric Quantity*	Enter the metric quantity dispensed or used in administration as follows:

FIELD**INSTRUCTIONS FOR COMPLETION**

	<p>Number of tablets dispensed.</p> <p>Number of grams for ointments or powders.</p> <p>Number of cc's (ml's) administered for products in solution (ampule, I.V. bag, bottle, syringe, vial).</p> <p>Number of vials used containing powder for reconstitution.</p> <p>Number of doses administered for immunizations. Bill the number of doses administered.</p> <p>A quantity of 1 for Levonorgestrel Implant (1 kit = 1 unit).</p>
Days supply*	Enter the estimated duration of the prescription supply in days. If billing for administration at a physician's office, the value should always equal 1.
Unit Dose Indicator	<p>Indicate the type of unit dose dispensing. The valid values are:</p> <p>0 Not Specified</p> <p>1 Not Unit Dose</p> <p>2 Manufacturer Unit Dose</p> <p>3 Pharmacy Unit Dose</p>
Total Charge*	Enter the provider's usual and customary charge for this service.
Other Coverage Amount**	Enter the total amount received by all other insurance resources. Previous MO HealthNet payments, Medicare payments, cost sharing and co-pay amounts are not to be entered in this field. This field is required if the Other Coverage Code field has a value.
Prior Authorization Number**	Enter the Prior Authorization number, if applicable. Otherwise, leave blank.
"Add/View Invoice of Cost"***	Use this link to add new or edit existing Invoice of Cost Information for the claim.